

WINTER 2016/2017

MEDICAL PRIORITY  
SNOW REMOVAL REQUEST

(This form is to be used for Chemotherapy, Radiation, Dialysis or Home Hospice Care only.)

Each winter the City of Bella Vista compiles a list of residents who have priority medical conditions requiring chemotherapy, radiation, dialysis treatments or home hospice care. Questions or concerns regarding oxygen or other medical conditions not listed should be directed to Fire Chief Steve Sims at 479-855-8248.

Please fill out this form and return it to: City of Bella Vista  
P.O. Box 5655 (101 Town Center)  
Bella Vista, AR 72714  
Ph: 479-876-1255

Name:

Address

Phone:

Doctor's Name:

Doctor's Phone Number:

Medical Treatment/Care (Circle One): Chemotherapy    Radiation  
Dialysis    Home Hospice Care

Circle Appropriate Day(s): M   T   W   Th   F   Sat   Sun

Time of departure from home for appointment: